SAFETY INDOCTRANATION

Safety Manager:
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Assistant Safety Manager:
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DOD SAFETY & OCCUPATIONALHEALTH PROTECTION PROGRAM

DD FORM 2272, NOV 2000

Furnishes the names, title, phone numbers and rights & responsibilities from the Assistance Secretary of Defense to each individual or his/her representative at the command or activity.

"The DD2272 must be posted in prominent locations"

Hazard Reporting Program

The Navy is responsible to provide/furnish all employees with a safe and healthful place of employment.

Identifying & reporting potentially unsafe or unhealthful working conditions is the responsibility of all Navy employees, both military & civilian.

Immediately report unsafe or unhealthful conditions working
conditions to your supervisor for correction.

Employees may submit a report of an unsafe or unhealthful working conditions (FORM OPNAV 5100/11) directly to the OSH office.

Employees may make an oral report to the OSH office by phoning 243-6757 or 7239.

Is desired you can send an e-mail to safety@cfay.navy.mil

IF stated/indicated by the individual he/she will remain anonymous.

The OSH office must investigate all reports within 3 days and get back to
the reporter within ten working days of receipt in writing.

NAVY EMPLOYEE REPORT
OF UNSAFE OR UNHEALTHFUL WORKING CONDITION

THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE
AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED

1. THE UNDERSIGNED (check one) ☐ EMPLOYEE ☐ REPRESENTATIVE OF EMPLOYEES

BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

a. Navy installation/activity and mailing address:

b. Building or work sites where alleged violation is located, including address:

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? ☐ NO ☐ YES

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD:

5. IF KNOWN, LIST BY NUMBER AND/OR NAME; THEPARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY, WHICH YOU CLAIM, HAS BEEN VIOLATED.

6. TO YOUR KNOWLEDGE HAS THIS VIOLATION BEEN THE SUBJECT OF ANY UNION/MANAGEMENT GRIEVANCE OR HAVE YOU (OR ANYONE YOU KNOW) OTHERWISE CALLED IT TO THE ATTENTION OF OR DISCUSSED IT WITH THE GOVERNMENT SUPERVISOR: ☐ NO ☐ YES (List results including any efforts **by** management to correct violation)

7. EMPLOYEE NAME (PLEASE PRINT OR TYPE CLEARLY)	8. EMPLOYEE SIGNATURE
9. EMPLOYEE ADDRESS	10. EMPLOYEE PHONE NUMBER
11. MAY YOUR NAME BE REVEALED? ☐ NO ☐ YES	12. ARE YOU A REPRESENTATIVE OF EMPLOYEES? ☐ NO ☐ YES (**List** organization name)
13. DATE FILED:	

OPNAV 5100/11 (Rev. NOV 1992)

MISHAP INVESTIGATION AND REPORTING

Governing instructio

OPNAVINST 5100.23

Background/Discussio

MISHAPs that result in damage to Navy facilities

and equipment or occupational injuries, illnesses or

deaths to Navy personnel degrade

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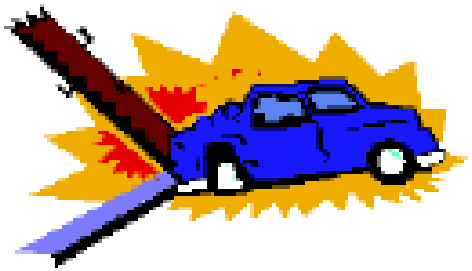


MISHAP Investigation Why?

Investigation of such MISHAPs are to identify causes and preventive action.

MISHAP investigations are aimed determining how & why the event occurred are necessary to prevent future occurrence of similar events.

MISHAP Investigations

Shore activities shall conduct an investigation of

every MISHAP, major or minor, and handle the

investigation as a search for facts.

Conduct MISHAP Investigations For

Military On Duty

Military Off Duty

Civilians On Duty Status Only

Property Damage

Requirements

All MISHAPS are to be reported.

Supervisors are to conduct MISHAP investigations immediately after receiving word of a MISHAP.

MISHAPS reports must be submitted to the s office within 5 working days after the MISHA occurred.

Advanced MISHAP Reporting

An advanced report is to be submitted to the

safety office for Japanese national employees

working for the Navy prior to submitting the

CFAY Supervisors MISHAP I m

5100/3) .

MLC/IHA/HPT MISHAP INJURY/SICKNESS REPORT

(Please Print or Type in English)

1. Command (Division/Code):

2. Name of injured:

3. Employee Category (check one): MLC☐ IHA☐ HPT☐

4. Date and Time of Mishap: Date Time

5. Place of Mishap: Building Number Name of Building

6. Description of Mishap (Include detailed description of the injury/illness):

7. Name of Hospital(s): 1 2
   Name of Pharmacy (if applicable): 1 2

8. Name of (check one) Supervisor ☐ Witness ☐:

9. Estimated number of lost work days:

10. Illustration of the Mishap (Note: only applicable when 4 or more lost work days – if more space is needed/required use additional sheets and attach to this form):

Prepared by:

Print Name: Phone Number: Date:

Signature Person Preparing Report: _____

Name of command Safety Office: Phone #:

Fax to HRO Yokosuka (243-8157) within 3 working days of the accident and to CFAT Safety 243-6412

Routine MISHAP Report

CFAY Supervisors MISHAP Report
(Form 5100/3) .

The CFAY Supervisors report is to be submitted for
all MISHAPs (Military On & Off duty, Civilians
both U.S. & JN On Duty Status and for Property
Damage) in addition to the the Japanese employees
advanced report.

CFAY SAFETY OFFICE
SUPERVISOR'S MISHAP REPORT

Case File Number:
Assigned by Safety Office

To be completed immediately after mishap for any of the following:

Military Personnel:
1. All mishaps which result in an injury or illness whether on duty or off duty, and regardless if it required a medical visit.
2. Any traffic accident that results in injury or government property damage.
3. All mishaps must have a "corrective action" statement.

Civilian Personnel:
1. Reports are submitted for on duty mishaps only.
2. Report traffic accidents if government vehicle is involved.
3. All mishap reports must have a "corrective action" statement.

1. Individual involved in mishap:	2. SSN:	3. Male ☐ Female ☐	4. Age:	5. Rank/Rate/ Grade:	6. Duty Phone:	7. Shift Worker: YES ☐ NO ☐
8. Job Title:	9. Employee Category: Mil ☐ USCS ☐ JN ☐ NAF ☐	10. Command:	11. Department/ Div/Shop:	12. Date of Mishap:	13. Time of Mishap:	14. On Duty ☐ Off Duty ☐
15. Medical Treatment Required: YES ☐ NO ☐	16. Time at current position/job (months, years):	17. Number of lost work days (Projected):	18. Witness Name(s):			
19. Location of mishap (Be specific):		20. Witness statement(s) attached: YES ☐ NO ☐				

20. Describe mishap and specific cause (include who, what, where, when, why) Note: (Stick with the facts, do not attempt to lay blame)

If additional space needed, go to block 40

22. Indoors-Lighting: Good ☐ Inadequate ☐ N/A ☐ Outdoors: Day ☐ Night ☐	23. Weather conditions: (Raining, snowing, sunny, cloudy, windy)
24. Personal Protective Equipment (PPE) required for task or activity (seatbelt, helmet, gloves, respirator, etc.)	25. PPE in use at time of mishap:
26. Experience at activity or task (one year driving experience in Japan, five years experience as crane operator, etc.)	27. Nature of illness or injury (Be specific, broken left ankle, bruise on face, lower back strain, etc.)

28. Government Property Damage: YES ☐ NO ☐	29. Dollar amount of government property equipment damage (if known, estimate).	30. Describe government property/equipment damage: (computers, vehicle, structure damage, etc.)	
31. Supervisor's Name:	32. Supervisor's Title:	33. Supervisor's Phone Number:	34. Supervisor's Signature:

35. Source of injury (object, substance, a body motion, etc.):	36. Personal Factor: ☐ Did not know safe way ☐ Insufficient training or experience at task ☐ Knew safe way but disregarded ☐ No unsafe personal factor or act

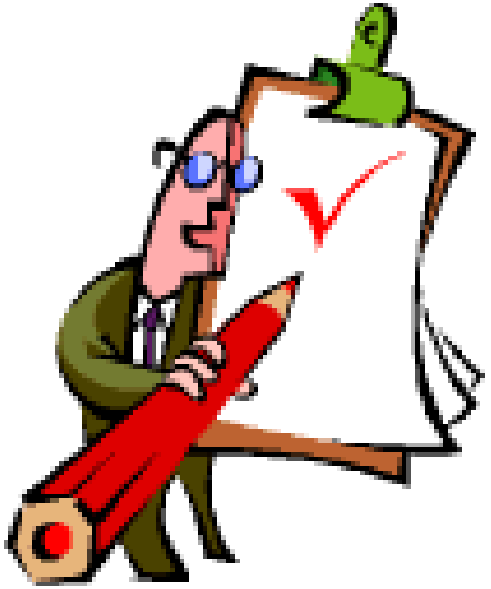
37. The action:
- ☐ Failure to secure properly for sudden motion, energization, team, falling objects, electricity, etc.
- ☐ Using equipment in an unsafe manner
- ☐ Using an unsafe position or technique
- ☐ Failure to use OR improper use of safety equipment or PPE
- ☐ Other
- ☐ No unsafe action

Note:

ALL BLOCKS/BOXES ON THE

FORMS ARE TO BE FILLED

IN. IF NOT ENTER N/A.



Location Of Reporting Forms

Japanese National Employee Advanced Report:
S / PUBLIC / SAFETY / MLC REPORT

CFAY Supervisors MISHAP Report:
S/ PUBLIC / SAFETY / FORM 5100-3

Or contact Mike Soyffer 243-8949 or CFAY Safety Office 243-5519 & form will be e-mailed to you.

How To Report A MISHAP

You can:

Guard Mail the reports.
(CFAY Code 004 Attn: Mike Soyffe

FAX the reports (243-6412)

Electronically forward the report.
(soyffer.michael@cnrfe.navy.mil)

PRIVILEGED INFORMATION

MISHAP information is PRIVILEGED and can not be used for/as:

In any determination affecting the interest of an individual making a statement under assurances of confidentiality or involved in a mishap.

As evidence or to get evidence in determining th misconduct.

As evidence to determine the susceptibility of personnel to discipline.

As evidence in claims on behalf of the government.

As evidence to determine the liability of the government for
property damage caused by a mishap.

As evidence before administrative bodies, such as Officer Evaluation Boards (USN).

As evidence before, or as any part of, a JAG Manual investigation Report.

In any other punitive or administrative action taken by the Department of the Navy (DON).

In any investigation or report other than the a Safety Investigation Report (SIR).

As evidence in any court.

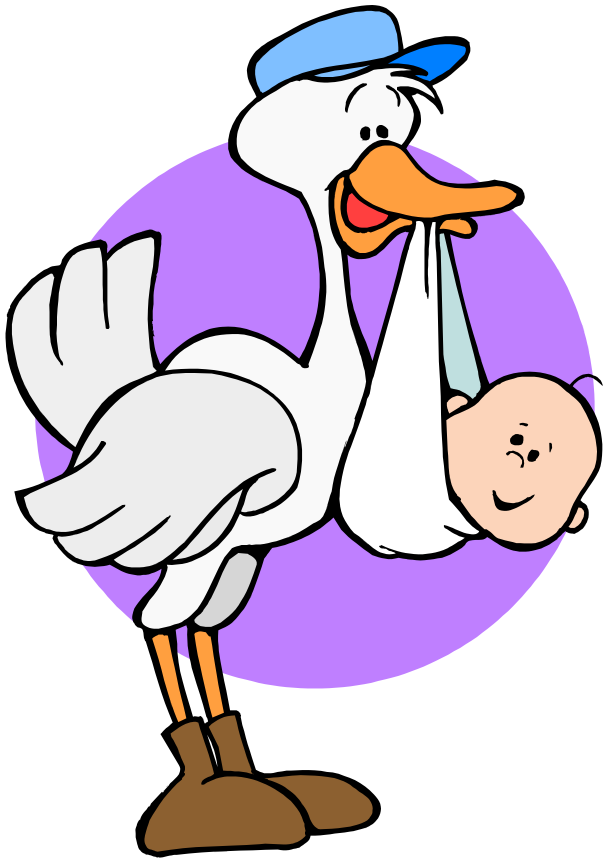
Summary:

Activities/commands shall not use any information obtained through the safety investigation for administrative or disciplinary action. The investigator shall complete a written report with firm, factual findings & recommendations for specific corrective action to be taken to prevent recurrence.

OCCUPATIONAL REPRODUCTIVE HAZARDS

<u>Governing instruction:</u>

OPNAVINST 5100.23F



BACKGROUND

A reproductive hazard is any biological, chemical, or

physical stressor that has the potential to adversely

affect the human reproducti

These effects may occur through either parent's

reproductive cells, prior to conception or during

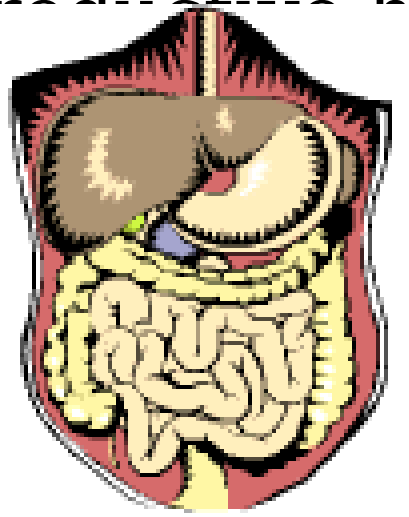
development of the fetus.

Many potential stressors whic

considered re zar

cause injury t n o

systems.



POLICY
OPNAVINST 5100.23F

Navy policy is to provide safe & healthful working conditions for all employees. This includes protection of employee's reproductive capacity and their future or developing offspring from untoward effect of employee exposure.

REPRODUCTIVE STRESSORS

Some examples of where reproductive stressors can
be found:

Paints Fungicides
Paint strippers Pesticides
Cleaning agents/solvents Insecticides

REQUIREMENTS

Inform all employees/staff that the Navy strongly

encourages all female employees who become

pre ify their command

ir

Upon notification, furnish a copy of the Workplace

Exposure Of Reproductive Concern Joint

Supervisor’s And Worker’s Statement

Have the individual and their supervisor

knowledgeable of the women’s workplace complete

the questionnaire.

Workplace Exposures Of Reproductive Concern
Joint Supervisor's And Worker's Statement

The supervisor and the worker are to complete this form at the time of a female worker's confirmed pregnancy or any time a male or female worker is concerned about workplace reproductive hazards.

Name_____ Rank/Rate_____

Command/Shop_____

Brief description of job duties (not job title)_____

_____

Supervisor_____

CHECK ALL THAT ARE APPROPRIATE

Workplace: _____ shipboard_____ shop_____

Office _____ outdoors_____ other_____

HAZARDS(specify)	**WORKER EXPOSED**	**WORKER IN MED SURVEILLANCE**
CHEMICAL		
Solvents_____	_____yes_____no	_____yes_____no
Metals _____	_____yes_____no	_____yes_____no
Pesticides _____	_____yes_____no	_____yes_____no
Antineoplastics _____	_____yes_____no	_____yes_____no
Anesthetics _____	_____yes_____no	_____yes_____no
Other_____	_____yes_____no	_____yes_____no
PHYSICAL		
Heat _____	_____yes_____no	_____yes_____no
Non-ionizing radiation_____	_____yes_____no	_____yes_____no
Noise _____	_____yes_____no	_____yes_____no
Vibration _____	_____yes_____no	_____yes_____no
BIOLOGICAL (infectious agents)___	_____yes_____no	_____yes_____no
OTHER HAZARDS(specify)		
_____	_____yes_____no	_____yes_____no
_____	_____yes_____no	_____yes_____no
_____	_____yes _____no	_____yes_____no

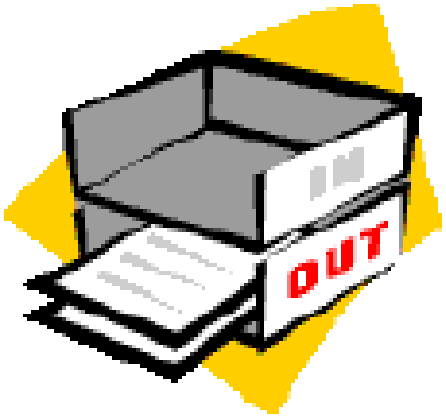
PERSONAL PROTECTIVE EQUIPMENT REQUIRED:

_____none_____respirator_____gloves_____hearing protection_____protective clothing

If there is no potential for exposure to a developmental hazard exist, then the occupational medicine evaluation should occur if either the pregnant women or her commanding officer request it.

Encourage all male employees anticipating conceiving children within 120 days or whose partner is currently pregnant to notify their command so activities can conduct a reproductive/development hazard evaluation.

FORWARD THE QUESTIONNAIRE TO THE SAFETY OFFICE



Who will forward it to occupational health for review & evaluation

HAZARDOUS MATERIAL CONTROL & MANAGEMENT (HMC&M)

Governing Instruction & Law

Instruction:

OPNAVINST 5100.23F

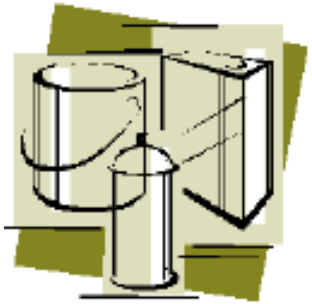
(Hazardous Material Control & Manageme

Law:

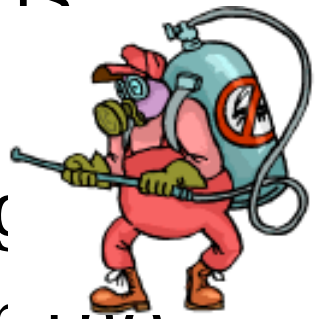
OSHA 29 CFR 1910.1200

(Hazard Communication)

What is a hazardous material (HM) ?



There are numerous definitions, so, for the purpose of this training a hazardous material is:



Any material that is capable of posing an unreasonable risk to health, safety or the environment if improperly used, handled, stored, ed, labeled or disposed.

HMC&M focuses on preventing, minimizing or

eliminating the introduction of hazardous material

(HM) into the Navy system, substituting less

hazardous HM for HM already in the Navy systen

safely us e, and safely

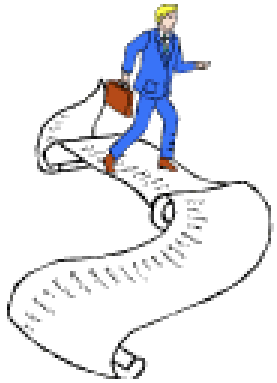
handlin dous waste.

REQUIREMENTS

Authorized Use List
HM Inventory
Material Safety Data Sheets
Review Of New Materials
Training
Labeling
Substitution
Means Of Detecting A HM Release
Emergencies

Authorized Use List (AUL)

A list of all HM's that a shop, work center, command, etc. is authorized to have, use and store to support their mission.



Note:

If it's not on your AUL, you are not authorized to have it in your place of employment!

Hazardous Material Inventory

Is the amount and location of the HM that you have

in a workplace

Material Safety Data Sheet

A sheet prepared by the manufacture furnishing all required information for the safe use, handling & storage of the material. To include emergencies, (fire, spill & first aid) and health risk associated with use.

The user is responsible for ensuring MSDSs are obtained, available & maintained so they are readily available to all employees on all shifts.

Note:

A MSDS must be in English and if required

translated into other languages.

29 CFR 1910.1200 HAZCOM Standard

"It's the law".

New Material Review

A review of a new material is required before it is

use or introduced into the place of employment .

Before a new material is proc

a request needs to be forwar

safety office.

TRAINING

When ever there is a process change or the introduction of a new HM into the workplace

employees using the material and personnel who

may come in contact with

be exposed to the material

must be trained.

LABELING

Manufacturer, importers or distributor must determine label requirements.

All containers of HM must be labeled with their identity and appropriate warning.

HM transferred from their original container. The receiving container must be labeled with the material identity and hazard warning.

Establish procedures to ensure that all HM used at

the activity are properly and appropriately labeled.

Report to your supply department any shipments of

HM received/delivered improperly labele

or has missing labels.

If you receive a HM that is not labeled reject the

shipme on’t k ha ve.

SUBSTITUTION

Substitute currently used HM with a less hazardous
material when identified or known.

STANDARDIZATION

Using the same materials (i.e. finding and using a
material that can accomplish more than one job).

Means Of Detecting A HM Release

You can see.

You can smell it.

You can feel it.

You feel dizzy, drowsy, watery eyes.

Your coworker is unconscious on the

DON’T

Use a material you are not authorized to use.

Use a material that you have not received training on/for.

Use a material without required PI

Eat/drink or smoke when using a HM.

Don’t

Leave HM in open containers. When your done

using them close the container.

Leave HMs around the shop/workcenter after you

have finished using the

put them back in their

proper storage place.

Don’t

Accept material from a contractor or other sources

just because you think you may need it/use it or it’s

free.

EMERGENCIES

FIRE, EXPLOSION OR SPILL

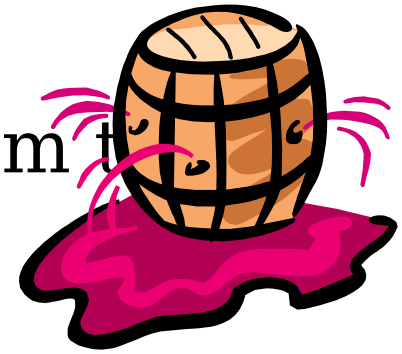
Notify all personnel in the area and evacuate.

Contact the fire department at **911**.

Stay up wind and keep all personnel clear wait for

the fire department and direct them to

emergency.



EMERGENCY

PERSONNEL INJURY

Call an ambulance at **911**

Administer first aid if you can do so safely.

Remove the exposed/injured to safety if you can do so without endangering yourself.

Provide information to the emergency medical personnel as to what the injured was in contact with/exposed to.

<u>Remember the person has been exposed or in contact with a hazard material/substance.</u>

SUMMARY

Only use & store items listed on your AUL.

Read MSDS and labeling information before you use a material.

Know emergency procedures and phone numbers.

Report the receipt of improperly or unlabeled HM.

Order and store only required amounts to support your mission.

Ensure HM is properly stored & handled at all times.

Must get safety & health review & approval before ordering a new HM.

Properly dispose of excess HM or HW.

QUIZ TIME

Print out and fax this quiz with your answers to CFAY Safety Office at 243-6412 or mail to CFAY Code 004

Name: _____ Command/Code: _____ Job Title: _____

Phone Number: _____ E-Mail address: _____

SAFETY INDOCTRANATION

1. What is the primary Navy instruction governing the Navy's safety & health programs ?
   a. SECNAVINST 5100.2D b. OPNAVINST 5100.23F c. OPNAVINST 5102.1C d. All of the above

2. Identifying & reporting potentially unsafe or unhealthful working conditions is the responsibility of all Navy employees, both military & civilian.
   a. True b. False

3. You are to immediately report an unsafe or unhealthful working conditions to the Safety Office for correction ?
   a. True b. False

4. All MISHAPS are to be reported and a MISHAP report must be submitted to the safety office within 5 working days after the MISHAP occurred
   a. True b. False

5. Reproductive chemicals and the reproductive program only applies to women ?
   a. True b. False

6. The Navy requires all HM users to have ?
   a. AUL & Inventory b. MSDS c. Local Instruction d. All of the above

7. MSDS are required to be readily available to all workers on all shifts ?
   a. True b. False

8. In the event of an emergency when using a HM, such as a spill or leak, who do you contact ?
   a. PWC hazardous waste facility b. The safety office c. The fire department d. The environmental office

9. To purchase and use a new hazardous material you must first ?
   a. Get approval b. Receive training before used c. Order the material then request approval d. a & b

10. You are to report potentially unsafe & unhealthful working conditions to your supervisor ?
    a. True b. False

11. The Navy strongly encourages female employees to notify their command upon being pregnant ?
    a. True b. False